



CODE COMPLIANCE INVESTIGATION REQUEST FORM

Date: _____

Name: _____

Number: _____

Address: _____

Violating Address: _____

Reason(s) for Investigation:

**BY SUBMITTING THIS FORM, I UNDERSTAND THAT ALL ATTEMPT'S WILL BE MADE TO
KEEP THE COMPLAINANT ANONYMOUS, BUT UNDERSTAND THIS IS A PUBLIC
RECORD DISCLOSABLE UPON REQUEST.**

Bill Collins
Code Compliance Officer
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